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**FACSIMILE TRANSMITTAL****TO:**

Name: Examiner M. Priddy  
Firm: U.S. Patent & Trademark Office  
Fax No.: 703-872-9302  
Subject: U.S. Patent Application No. 09/970,294  
Gary K. Michelson  
Filed: October 2, 2001  
SCREWS OF CORTICAL BONE AND METHOD  
OF MANUFACTURE THEREOF  
Attorney Docket No. 101.0070-02000  
Customer No. 22882  
Confirmation No. 2538

**FROM:**

Name: Amedeo F. Ferraro  
Phone No.: 310-286-9800  
No. of Pages (including this): 28  
Date: April 14, 2004  
Confirmation Copy to Follow: NO

**Message:****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$2,234.00 total amount to cover the \$950 three-month extension and \$1,284 additional claims fee to be charged to Deposit Account No. 50-1066) and Amendment with attachment are being facsimile transmitted to the U.S. Patent and Trademark Office on April 14, 2004.



Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0070-02000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/970,294

Filed: October 2, 2001

For: SCREWS OF CORTICAL BONE AND  
METHOD OF MANUFACTURE THEREOF

Confirmation No.: 2538

Art Unit: 3732

Examiner: M. Priddy

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action of October 14, 2003 in the above-identified application.

No additional fee is required.  
 Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	109	-	52	57	LG=\$18 SM=\$8	\$18
INDEPENDENT CLAIMS FEE	6	+	3	3	LG=\$86 SM=\$43	\$86
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$200 SMALL ENTITY FEE = \$145
						\$ 0
						<b>TOTAL</b> \$ 1,284.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE, is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A total fee in the amount of \$2,234.00 to cover the \$1,284 additional claims fee and \$950 three-month extension fee is to be charged to Deposit Account No. 50-1066.  
 A fee in the amount of \$\_\_\_\_ to cover the \_\_\_-month extension of time fee is enclosed.  
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.  
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
MARTIN & FERRARO, LLP

By:   
 Jennifer F. Ferraro  
 Registration No. 37,129

Date: April 14, 2004

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